



ARKANSAS INSURANCE DEPARTMENT
LICENSE DIVISION
1200 WEST 3RD STREET
LITTLE ROCK, AR 72201
PHONE: 501-371-2750
FAX: 501-683-2604

FORM AID-LI-VIA-P (3/05)

VIATICAL PROVIDER LICENSE APPLICATION

FEES: Application Fee \$100.00
Renewal Fee \$100.00

SECTION I. GENERAL INFORMATION

1. Applicant Name _____
2. FEIN No. _____ Date Commenced Business _____ State of Domicile _____
3. Home Office Address _____
4. Contact Name and Title _____
5. Contact Address _____ Phone No. _____
6. Type of Entity Applying:
☐ Individual ☐ Sole Proprietorship ☐ Partnership ☐ Corporation
☐ Limited Liability Corporation ☐ Other _____

SECTION II. BACKGROUND INFORMATION

Except as otherwise indicated below, all the following questions must be answered for every applicant. Attach a full explanation and/or the requested information for any "Yes" answers.

1. Has the applicant ever had an application denied by an insurance regulatory authority? ☐ Yes ☐ No
2. Has the applicant ever been placed under any type of regulatory supervision? ☐ Yes ☐ No
3. Has the applicant ever had a Certificate of Authority or license revoked or suspended by any regulatory authority? ☐ Yes ☐ No
4. Has the applicant ever been subject to any regulatory action including cease and desist orders or similar actions? ☐ Yes ☐ No
5. Has the applicant ever changed its name? ☐ Yes ☐ No
6. Has the applicant ever redomesticated? ☐ Yes ☐ No
7. Within the last five years, has the applicant merged or consolidated with any other entity? ☐ Yes ☐ No
8. Within the last five years, has the applicant undergone a change of ownership of 10% or more? ☐ Yes ☐ No

9. Is the applicant presently negotiating or inviting negotiations or party to a counter-letter which would result in transfer or encumbrance of a substantial portion (more than 20%) of its assets or business? ☐ Yes ☐ No
10. Is the applicant presently negotiating or inviting negotiations or party to a counter-letter which would result in a change of ownership of 10% or more? ☐ Yes ☐ No
11. Does the applicant contemplate a change in management or any transaction which would normally result in a change of management within the reasonably foreseeable future? ☐ Yes ☐ No
12. Is the applicant owned, operated or controlled, directly or indirectly, by any other state or province, district, territory, or nation, or any governmental subdivision or agency? ☐ Yes ☐ No

SECTION III. OTHER LICENSES

State	Licensed?	State	Licensed?

SECTION IV. OFFICIAL LIST OF MANAGEMENT AND OWNERS

Below give the name, social security number, resident address, position and percent of ownership of all persons responsible for the conduct of affairs of the applicant. This list should include all officers, directors, partners (in the case of a partnership), trustees, executive committee members and/or any person(s) owning, directly or indirectly, five percent or more of the applicant and any other person who exercises control or influence over the affairs of the applicant. THIS LIST MUST INCLUDE THE NAMES OF ALL PERSONS ACTING AS VIATICAL SETTLEMENT PROVIDERS. You may reproduce this form as needed.

Name:	SSN#
Address:	Position:
	% Ownership:

Name:	SSN#
Address:	Position:
	% Ownership:

Name:	SSN#
Address:	Position: % Ownership:

Name:	SSN#
Address:	Position: % Ownership:

Name:	SSN#
Address:	Position: % Ownership:

Name:	SSN#
Address:	Position: % Ownership:

SECTION V. REQUIRED EXHIBITS

1. A copy of the most recent audited financial statement (if available) or, if an audited financial statement is not available, a financial statement confirmed as true and correct by the treasurer or chief financial officer of the applicant.
2. A copy of the plan of operation which addresses the following items:
 - a. What markets does the applicant intend to target? What geographical areas?
 - b. Who will produce business for the applicant and how will these persons be trained?
 - c. What is the anticipated number of persons the applicant plans to have marketing its products or services?
 - d. What is the total projected Arkansas business over the next five years?
 - e. Give a detailed description of the corporate organizational structure of the applicant, its parent company and all affiliates.
 - f. Give a detailed description of the steps taken by the applicant to ensure immediate access to viator funds.
 - g. Give a detailed description of the procedures used by the applicant for keeping all medical information confidential?
3. A copy of the articles of incorporation, partnership agreement, trust agreement or other such organizational document of the applicant certified by the proper domiciliary official.
4. A copy of the by-laws of the applicant certified as true and correct by the secretary of the company if a corporation, a partner if a partnership, or other appropriate person.
5. A copy of the domiciliary certificate of authority or license certified by the proper domiciliary official. (To be supplied only if viatical settlement providers are required to be licensed in the state of domicile of the applicant).
6. Duplicate copies of all contract and application forms intended for use in Arkansas.

7. Copies of all advertising or solicitation materials that the applicant uses or plans to use to attract potential viators or to otherwise market promote or publicize its business or services.
8. Copy of appointment of agent for service of process form fully completed. The proper form is attached (non-resident applicants only).

SECTION VI. SERVICE OF PROCESS INFORMATION; SERVICE OF REGULATORY COMPLAINT INFORMATION

1. Give the name, address and phone number of the Agent for Service of Process appointed by the applicant.

2. Give the name, address and phone number of the person, on behalf of the applicant, who shall be responsible for handling or responding to regulatory complaints, application forms, or questions regarding its activities in this State.

3. Give the name, address and telephone number of applicant's U.S. legal counsel, if applicant is an alien company.

Notarization

State of _____

County of _____

Before me, the undersigned authority, personally appeared _____ who after being duly sworn, did depose and say that all information contained in this application and all attachments thereto is, to the best of his/her knowledge, true, complete and correct.

 Signature of Applicant or Authorized Representative

 Printed Name and Title of Authorized Representative

SWORN to and subscribed before me this _____ of _____, _____
 (Day) (Month) (Year)

Notary Public's Signature

My Commission expires:

